



FAX NO. : 048702129

Apr. 04 2004 02:03AM P2

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Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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01/07/2004

THIEBERGER GIL  
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Gil Thieberger	(Depositor's name)
Gil Thieberger	(Signature)
04/02/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/535,547	03/27/2000	Gil Thieberger		3729

TITLE OF INVENTION: FLAT OPHTHALMIC LENS SYNTHESIZED FROM ITS SPECIFICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUGARMAN, SCOTT J	2873	351-177000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	_____
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3	_____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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Gil Thieberger  
(Authorized Signature)04/02/2004  
(Date)

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**FAX**

**To: Commissioner for Patents**

**ISSUE FEE**

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**This fax contains 3 pages  
(including this one)**

**Date of faxing: 4 April 2004**